

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Taney
 Township Bramson
 City Hollister (No.)

Registration District No. 859
 Primary Registration District No. 6730

File No. 39008
 Registered No. 37
 St. Ward

2. FULL NAME

Gerald Buford Powell

(a) Residence, No. Hollister St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Reed's Spring
 (STATE OR COUNTRY) Mo.

13. NAME John Dixon Powell

14. BIRTHPLACE (CITY OR TOWN) Reed's Spring
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Dorothy Parker

16. BIRTHPLACE (CITY OR TOWN) Weston
 (STATE OR COUNTRY) Mo.

17. INFORMANT John D. Powell
 (ADDRESS) Bramson Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Evergreen Cemetery DATE Oct. 29, 1937

19. UNDERTAKER Robert Thornhill
 (ADDRESS) Bramson Mo.

20. FILED 10/29 1937 John A. Baates
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1937, to Oct. 27, 1937
 I last saw him alive on Oct. 27, 1937. Death is said to have occurred on the date stated above, at 8.45 m.
 The principal cause of death and related causes of importance were as follows:

Epidemic cerebrospinal meningitis - single sporadic case
18
 Date of onset Oct. 24

Other contributory causes of importance:
Apparently pertussis and ulcerative colitis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

28. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) R. C. Parrish, D. O. J. M. D.
 (Address) Reed's Spring, Mo.

